ATTACHMENT 2.03

COLLABORATING WITH FAMILIES AFTER A SCREENING

The following steps should be taken to engage parents/guardians after you screen their student.

1. When the parents arrive at the school, explain again why you screened the student for suicidality and the outcome of that screening.
2. Inform parents of the school’s recommendations based on the outcome of the screener.
3. Ask the parents to sign the Parent Contact Acknowledgement Form confirming that they were notified of their child’s potential risk and received recommendations for next steps.
4. Discuss available options for further clinical assessment and/or outpatient mental health services. Provide the parents with contact information for mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
6. Release the student to the parents.
7. Tell the parents that you will follow up with them in a few days. If this follow-up conversation reveals that the parent has not contacted the mental health provider and/or taken the recommended steps to ensure their child’s safety:
   a. Stress the importance of getting the child help.
   b. Discuss barriers to taking the recommended steps and offer to assist with the process (facilitate warm handoffs, etc.).
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm and/or suicide, you may need to notify child protective services that the child is being neglected. Document.
9. Document all contacts with the parents/guardians and the student.

Utilize the Post-Screening Intervention Flowchart to help you navigate parent/guardian involvement.

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**School cannot reach parents/guardians.**

**Parents/guardians refuse to arrive at the school.**

**Parents/guardians arrive at school.**

**Do not let the student leave.** Contact SRO or initiate child in need of care protocol.

**Parents do not agree to seek immediate clinical assessment when recommended.**

**Consider the need for initiating child in need of care protocol.** Consider filing report with DCF.

**Complete the Parent Contact Acknowledgment Form.** Discuss follow-up plans and document.
GENERAL TIPS FOR WORKING WITH PARENTS/GUARDIANS

This page highlights some tips and points of information for collaborating with parents/guardians during a suicide-related crisis. Guidance was provided by the licensed professionals at Headquarters Kansas1. Some of the best work we can do with families is provide psychoeducation and validation.

Family Support is Critical

When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, the school should provide supportive check-ins with the family for the following two reasons:

1. The family may be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help if they don't know where to turn.

2. Informed parents/guardians are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, prior suicidal behavior is the strongest indicator of a future suicide attempt.

The goal of extending support to the parents is to help them get to a place where they can intervene appropriately to prevent their student from attempting suicide. Education and information are vitally important to family members.

The following tips can help support and engage parents:

• Invite the parents’ perspective. State your concern, what you’ve observed, and the results of the screener, and ask how that fits with what they’ve observed at home.

• Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.

• Validate how scary this can be and how it impacts the life of everyone who cares about this young person.

• Acknowledge that no one can do this alone – appreciate their presence.

• Listen for myths of suicide that may be blocking the parent from taking actions to keep their child safe. Review the suicide facts below to can help address the common barriers.

• Explore reluctance to accept mental health recommendations, address those issues, explain what they can expect, and try to facilitate warm handoffs if possible.

• Align yourself with the parent if possible – without in any way minimizing the student’s feelings or behavior.
**SUICIDE FACTS FOR PARENTS**

**Talking about suicide is safe and protective.** We often hear that people are hesitant to ask directly about suicide because they fear that doing so will put the idea into the person's head. However, research shows that asking directly about suicide is actually one of the safest and most protective things we can do. If someone wasn't already thinking about suicide, they are much more likely to be honest about that if they are asked directly and without judgement. The best ways to ask about suicide are:

"Are you thinking about suicide?" OR "Are you thinking about killing yourself?"

**People who are talking, writing, posting, or joking about suicide should be taken seriously.** It is common for us to hear that people who are behaving in these ways are “just looking for attention.” And it can feel frustrating especially if the person has said or done things like this before. The thing is, people who are seeking attention are doing so because they need attention (connection). This is important because connection and support are key protective factors for those struggling with suicide. Even when it feels frustrating, take all statements and signs of suicide seriously, no matter what.

If people get the support they need, they are likely to stay alive. Research shows that 90% of people who survive a suicide attempt don't go on to die by suicide. This doesn't mean they will never feel suicidal again. They might. It is very possible for people to live with chronic suicidal ideation, and some people may attempt suicide multiple times in their life. However, we know that if people get connected to the help they need, they are very likely to stay alive because they have more tools to rely on when they need to cope with any future crises. Suicide is not inevitable. Suicide is preventable.

**Most people exhibit some warning sign(s) of suicide during the week preceding their suicide attempt.** It is true that most people communicate in some way that they are suffering in the week preceding their suicide attempt/death, which is why it’s so important to know the warning signs and get comfortable asking directly if someone is thinking about suicide. Warning signs for suicide often look like expressions of pain, avoidance of pain, and experiences of loss or change.

**The most effective way to prevent suicide is by safely storing lethal means, especially firearms.** If someone doesn't have access to the things they need to carry out their suicide plan, they are significantly more likely to stay safe and get the help they need. There are so many ways to make your home suicide safe. Evidence shows that practicing safe storage of firearms and medications is the best thing we can do.
TIPS FOR SAFELY STORING LETHAL MEANS

• Firearms:
  ▪ During a suicide crisis, storing all firearms outside of the home is the safest option.
  ▪ Lock up all firearms inside the home, preferably unloaded.
  ▪ Store and lock ammunition separately from the firearm(s).
  ▪ Utilize cable locks or trigger locks on firearms, and/or remove components of the firearm as additional measures of safety.
  ▪ Reach out to your local law enforcement offices for free gun locks (not guaranteed).

• Medication:
  ▪ Opioids should not exist in the home unless it is absolutely necessary to manage pain.
  ▪ If opioids and/or other addictive medications must be kept in the home, ensure that they are locked up and inaccessible except for in very limited quantities.
  ▪ Safely dispose of unused, expired, or unnecessary medications.
  ▪ Keep small quantities of over-the-counter and other prescription medications on hand; lock up the rest.
  ▪ Ask your pharmacist to utilize blister packs instead of pill bottles.
  ▪ Discuss options with your prescriber for limiting quantities per prescription (temporarily) and/or prescribing medications/medication combinations that are less lethal.

• Other considerations:
  ▪ Install safety barriers for bridges, buildings, and other jumping sites.
  ▪ Lock up alcohol since there is a significantly increased risk of suicidal behavior when intoxicated.
  ▪ Lock up and/or monitor access to sharps (razors, kitchen knives, art supplies, etc.) at least temporarily until the suicidal crisis passes.
  ▪ In some cases, limiting the time a suicidal person spends alone is the best approach to safety.